

Inglewood Residential Rest Home Limited

Inglewood Residential Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Inglewood Residential Rest Home is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 31 people. The care home accommodates people in an adapted building set over two floors.

People's experience of using this service and what we found

People did not always receive safe care. People were supported by staff who understood the appropriate action to take should they be concerned about their safety. The risks associated with people's care had been identified and plans put in place to minimise these, although some lacked detail. Staff had been recruited safely although we found improvements were needed to ensure the recruitment process became more robust. People were supported to take their medicines safely although we found improvements were needed with the storage of one type of medicine and in the implementation of care plans for 'as required' medicines.

People did not always receive effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service required improvement in order to support this practice. People were supported to receive appropriate healthcare in line with their specific needs. Staff had received training in line with people's needs. People were supported to eat and drink meals of their choosing.

People received support that was caring, compassionate and kind. People and their relatives were involved in all aspects of their care. People had their dignity and privacy respected and their independence promoted.

People received care that was responsive to their needs. People and their relatives had been involved in developing their care plans and care plans were reviewed as and when people's needs changed. People had activities available to them. People were able to raise concerns and complaints and be assured these would be investigated.

The service was not consistently well-led. Whilst systems were in place to monitor the quality and safety of the service the provider's systems needed to become more robust to enable all aspects of the service to be monitored. People and staff were able to feedback their views of the service and had opportunities to suggest improvements. The management team acted openly and responsively during the inspection ensuring they took immediate action to remedy any areas of improvement we identified.

Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the Governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Inglewood Residential Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector and an assistant inspector. On the second day of the inspection one inspector returned to the service to conclude the inspection.

Service and service type

Inglewood Residential Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authorities who work with this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and four relatives. We spoke with the registered manager, who is also the registered provider, the deputy manager, the training officer, two senior members of staff, two staff members and the chef.

We reviewed a range of records. This included three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager had systems in place to ensure they would only support those people whose needs they could safely meet.
- Risk assessments were in place for people's known risks although some of these lacked detail. However, staff knew people well and could tell us the risks associated with people's care.
- The registered manager had ensured that the environment was maintained and that servicing of equipment was carried out to ensure it remained safe for use.

Staffing and recruitment

- Staff told us they felt there were sufficient staff to support people safely. We saw staff were available to support people when they needed it.
- Staff informed us that recruitment checks were carried out prior to them working with people.
- Whilst the provider had recruitment checks in place, we found improvement was needed to make these recruitment processes more robust. For example, there was no set process for interviewing new staff members and no record made of the interview process. The provider's recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.

Using medicines safely

- People were happy with the support they received with their medicines. One person told us that their medicine, "Comes every day on time."
- Whilst there were many good aspects of medicine practice, we found some areas of medicine management that required further improvement. There were no care plans in place that detailed when people may need their 'as required' medicines. In addition, we found issues with the storage of one type of medicine which had resulted in a medicine error.
- Staff told us that they received medicines training and that checks were made of their medicine practice. However, these checks were not recorded and there was no planned schedule for checking staff's competencies in giving medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person described action staff took, such as checking on them at night time, which enabled them to feel safe.
- People were supported by staff who had received safeguarding training and who understood the signs of

abuse and appropriate action to take should they have concerns. Staff were confident that the management team would take appropriate action to deal with safeguarding concerns.

Preventing and controlling infection

- The home was clean and odour free and had a dedicated team of staff responsible for the cleanliness of the home.
- The registered manager informed us of the action they had taken to ensure any changes in infection control practice had been implemented within the home.
- Staff were aware of their responsibility for good infection control standards. We saw that personal protective equipment was readily available around the home and saw staff using this appropriately.

Learning lessons when things go wrong

- There were systems in place to investigate any incidents and accidents that occurred at the home. Each accident was investigated individually to determine if anything could be done to prevent re-occurrence. Whilst this analysis had been effective in identifying an increased number of falls for one person, analysis had not been completed on incidents as a whole. Doing this would allow the registered manager to identify possible trends that could reduce the chance of a similar incident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We found that the service was not consistently working in line with the principles of the MCA. Whilst everyday care practice was in line with the principles of the MCA, records did not always demonstrate that people's capacity to make some decisions had been considered.
- People were supported in the least restrictive manner, but the service had not had full consideration of the Deprivation of Liberty Safeguards.
- Staff had an understanding of the MCA and could describe to us how they ensured they offered people choices, sought consent and worked in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- Care plans and risk assessments were not in place to support all people's health conditions. For example, one person was living with asthma. There was no care plan detailing preventative measures for the person or action to take should the person experience an asthma attack. However, staff were aware of people's healthcare needs.
- People received support to achieve good oral healthcare. Staff had knowledge of how to promote good oral healthcare and we saw reference to this in people's care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager informed us that they would only provide care to those people whose needs they could safely meet.
- Initial assessments had taken place to determine people's needs prior to them moving into the home.

Staff support: induction, training, skills and experience

- Staff informed us they had received the training they needed for their roles. We saw that mandatory training was scheduled in to ensure staff kept abreast of any changes in care practices. We found that some additional training hadn't been completed for a while and needed refreshing which the registered manager assured us would be scheduled in.
- Staff felt supported in their roles and received supervision to enable them to discuss any concerns and to receive support from the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the meals and drinks they received. One person told us the food was, "All home cooked, very nice."
- People were able to state their preferences for food which were incorporated into menu plans.
- The chef informed us that people were involved in making choices around food on a daily basis. We saw that the home had introduced a pictorial menu which had aided people's decision making around food.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager informed us that they worked with other healthcare professionals to support people's individual needs. This included district nurses and occupational health. We saw that any meetings or visits from healthcare professionals were documented.

Adapting service, design, decoration to meet people's needs

- The home was fully accessible to all people. There was a lift to the second floor of the home and we saw people were able to use this independently to access their bedrooms whenever they wished.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the caring nature of staff. One person told us, "Staff are caring- they are like friends. It's more like a family here." Another person told us, "They [staff] are absolutely wonderful to me." Another person told us, "To me it's just home now. I'm very comfortable. We are well looked after."
- We saw many kind, friendly interactions between people and staff and staff had got to know people well. Staff told us they enjoyed supporting people and one staff member told us, "I love my job, I love being with people."

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in developing their care plan. This had enabled people to have their like and dislikes and preferences for care to be documented and for their cultural needs to be stated.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity protected and were encouraged to remain independent. Staff sought people's consent before entering their bedrooms to retain their privacy.
- People were encouraged to be as independent as possible. One person told us, "I could have help if I want it, but I want to stay independent." We saw people using walking aids to encourage independence with mobility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives where appropriate had been involved in developing their plan of care to ensure individualised care could be provided. Care was reviewed as people's needs changed and care plans were updated.
- Whilst care plans were reviewed there was no clear record of this review process which documented the persons involvement in the review. The registered manager agreed to make the involvement people had in reviewing their care clearer.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager informed us of resources that were available to support people's communication needs. These included a pictorial menu and large print books.
- Whilst people were being supported in line with the AIS the registered manager agreed to formalise processes around these standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had introduced a coffee morning once a week that people at the home enjoyed attending. This meeting enabled people to meet with each other and the registered manager explained people often discussed with staff questions or suggestions for improvements in care.
- The home organised themed events during the year that people could choose to participate in.
- We saw that relatives were welcomed into the home. This enabled people to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- People could raise any concerns they had and felt these would be dealt with appropriately.
- The registered manager informed us that they had received no complaints since the last inspection.

End of life care and support

- Where people wished to, they had stated their preferences for care at the end of their lives.
- The registered manager gave examples of how they had supported people with end of life care and

described how families were fully involved at this time. Staff received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found that improvements were needed in the quality and monitoring systems at the service.
- Care plans and risk assessments had not been completed for all of people's known risks.
- Accurate and contemporaneous records had not always been made. For example, we saw there were no recordings of staff medicine competencies, no records of reviews with people and no records of the interview process when recruiting new staff.
- Systems around medicine management had not identified that care plans were not in place for 'as required' medicines.
- Systems to have oversight of incidents that had occurred at the service were not complete. Whilst individual incidents had been looked into there was no oversight or analysis of incidents as a whole to enable themes or trends to be investigated which may prevent reoccurrence.
- Reviews of daily notes had not been completed and had not highlighted a change in a person's behaviour.
- Monitoring systems had not highlighted that further work was needed in the support people received under the MCA and DoLs.
- Questionnaires had been completed with people and analysed. However, where follow up points had been identified there was no on-going monitoring to see if any solutions identified had been successful.
- There had been no formal meetings held with people living at the home to enable people to have a say in how the home was run. The registered manager made suggestions during the inspection of how this could be resolved.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager has acted responsively following the inspection and has been open and transparent in their responses to us. The registered manager informed us of immediate action they had taken to improve the monitoring of the service and timely action to check on the safety of the people receiving care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked with people, relatives and health professionals to ensure the service people received was person centred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Through our discussions with the registered manager we determined that they were aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with how the service was managed. One person we spoke with told us that the registered manager, "She's always there if you want to chat. She's very approachable."
- People using the service had been sent questionnaires to seek feedback about the service. The registered manager informed us that these were due to be re-issued to people shortly.
- We saw that staff and healthcare professionals' questionnaires had also been issued. We saw positive feedback from the majority of these questionnaires.
- Staff felt supported in their roles and one staff member told us the management team, "They are brilliant. Any problems we can talk to them about anything."

Working in partnership with others

- The registered manager shared examples of when they had worked with other healthcare professionals such as district nurses when people's needs had changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have robust and effective governance systems in place. 17(1)(2)(a)(b)(c)(e)(f)